

FILED JUN 8 1944

Registration District No. 88

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5266

State File No. 17771

Registrar's No. 17

## 1. PLACE OF DEATH:

- (a) County Christian  
(b) City or town Ozark Mo. R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 Linley Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Most of his life (years, months or days)

3. (a) PRINT  
FULL NAME

- John W. Leonard  
(b) If veteran \_\_\_\_\_ (c) Social Security  
name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 24 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 9 4 hr. min.

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer & Teacher

## 11. Industry or business

12. Name Abraham Leonard  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Rosa  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant D. C. Leonard  
(b) Address Ozark Mo.  
17. (a) Buried (b) Date thereof May 31 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Roller Cemetery  
18. (a) Signature of funeral director T. B. Chaffin  
(b) Address Ozark Mo.  
19. (a) June 3-44 (b) Mabel Mapes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Christian  
(c) City or town Ozark Mo. R.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1944 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 23 1944 to May 29 1944  
that I last saw him alive on May 29  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis  
Bacillary Dysentery Duration 5 days

Due to \_\_\_\_\_

Due to 270

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically.

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. R. Farthing (M. D. or other)  
Address Ozark Mo. Date signed 6-5-44

RECEIVED

District Health Officer No. 6,

District File Number 644-693

Date Filed JUN 7 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

*T. B. Chaffin*

Licensed Embalmer No. 2192

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.